

**APPLICATION FOR INDIVIDUALS TO PARTICIPATE IN THE
DEER HUNTS ON THE HUNTING TRAIL FOR
PEOPLE WITH PHYSICAL DISABILITIES**

The following application is only for individuals with a **PERMANENT PHYSICAL** disability. To be eligible to participate in this hunting program, each individual must complete this application and return it to the Wildlife Section, Alabama Department of Conservation and Natural Resources, 64 North Union Street, Montgomery, Alabama 36130. **The physician's certification must be completed in its entirety to be acceptable. The physician's certification will be valid for three (3) years from the date signed. A copy or the original must be sent in each year. If THREE (3) YEARS HAVE PASSED, a new physician's certification is required. The applicant's statement must be completed and notarized each year.**

PHYSICIAN'S CERTIFICATION

I, _____, certify that _____

Has the following physical disability: _____.

This disability is covered in one or more of the following categories as marked: (One must be checked)

- _____ 1. **A PERMANENT PHYSICAL DISABILITY**, is unable to ambulate and requires a wheelchair, walker, one long leg brace or two short leg braces, external prosthesis below knee or above, two canes or two crutches for mobility.
- _____ 2. Has at least 80% permanent impairment of one hand or arm according to standards outlines in the "Guide to Evaluation of Permanent Impairment Rating" published by the American Medical Association.
- _____ 3. **A PERMANENT PHYSICAL DISABILITY** for which they are considered "totally" disabled under guidelines established by the Veterans' Administration and/or the U. S. Social Security Administration. Approval will not be granted for mental disability.

Describe in lay terms the **PERMANENT PHYSICAL DISABILITY**:

Physician's Signature _____

Date _____

Address _____

Phone Number _____

NOTE: Administrators of the hunt shall have the right to distribute the hunters and to inspect all vehicles or other equipment while on the areas. The Department of Conservation and Natural Resources and landowners who are making the hunting possible hereby put each hunter on notice that participation in hunts is at your own risk and the Department of Conservation and Natural Resources and such landowners shall not be responsible for any accidents or injuries that may occur.

APPLICANT'S STATEMENT

Name _____

Social Security Number _____

Address _____

Phone: Home _____

Work _____

I certify that all the information provided by both the physician and me is true and accurate.

Signature _____

Sworn to and subscribed before me this the _____ day of _____, 2005.

Notary Public